

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

2017 FEB -7 AM 11:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E081 (11/10)

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PO4000154132

1. Corporation Name

POSITIVE RESULTS MARKETING, INC

2. Principal Office Address - No P.O. Box #

102 N. MAIN ST

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

OLD FORGE, PA

City & State

Zip

18518

Country

LACKAWANNA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

11/10/2004

5. FEI Number

20-1885697

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BYRON L. READ, JR

Street Address (P.O. Box Number is Not Acceptable)

9040 TOWN CENTER PARKWAY

Suite, Apt. #, Etc.

City

LAKWOOD RANCH

State

FL

Zip Code

34202

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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

02/07/17

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	BYRON L. READ, JR	102 N. MAIN ST	OLD FORGE, PA 18518
<b>REINSTATEMENT</b>			
FEB 07 2017			
R. HUNT			

10. E-mail Address: bob.emmi@Emmpic.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/07/17

Attachment

POSITIVE RESULTS MARKETING, INC  
102 N. MAIN ST.  
OLD FORGE, PA 18518

February 1, 2017

Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314  
Attn: Mr. Russell L. Hunt

Re: Document # PO4000154132

Dear Mr. Hunt:

I thank you for your assistance today with the reinstatement of my company.

I enclose the reinstatement form for the above corporation and the reinstatement fees of \$2250 plus \$8.75 for a Certificate of Status. These fees cover 11 years of unpaid annual fees of \$150 per year and the reinstatement fee of \$600. We apologize for the late payment of our annual fees. I believe we will now be current through 12-31-17.

Also, please note we will be dissolving Positive Results Marketing, Incorporated (#15000075503), which was mistakenly formed in 2015. We have no intention of reinstating this company.

We trust that we have provided all the necessary information and we request that our reinstatement is processed as soon as possible.

Thank you.

Sincerely,



Byron L. Read, Jr, President

FEB 07 2017  
R. HUNT